


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90061 024 \*\*\*\*61.25

<b>DOCUMENT # N00000003692</b> 1. Entity Name <b>THE WILLIAM EDWARD BURGHARDT (W.E.B.) DU BOIS HONOR SOCIETY, INC.</b>					
Principal Place of Business <b>FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32306-2460</b>			Mailing Address <b>FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32306-2460</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3651247</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>RACKLEY, SANDRA PH.D FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32306-2460</b>				7. Name and Address of New Registered Agent Name <b>Laughlin, Karen PH.D</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Karen L. Laughlin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1/13/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, ANGELA A5300, UNIVERSITY CENTER TALLAHASSEE, FL 323032450	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, KATHRYN H A3300 UNIVERSITY CENTER TALLAHASSEE, FL 323032460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACKLEY, SANDRA W A3300 UNIVERSITY CENTER TALLAHASSEE, FL 323032460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laughlin, Karen L. A3300 University Center Tallahassee, FL 32306-2460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, MARCUS FSU - A3300 UNIVERSITY CENTER TALLAHASSEE, FL 323032460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shannon Ligon FSU-A3300 University Center Tallahassee, FL 32306-2460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STARKE, TADARRYL FSU - A3300 UNIVERSITY CENTER TALLAHASSEE, FL 323032460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Javon Smith FSU-A3300 University Center Tallahassee, FL 32306-2460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WASHINGTON, SHANOIA FSU - A3300 UNIVERSITY CENTER TALLAHASSEE, FL 323032460	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Chan Lewis FSU-A3300 University Center Tallahassee, FL 32306-2460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Karen L. Laughlin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>1/13/04</b> (850) 644-2740 <small>Date Daytime Phone #</small>	